

Work in Progress Program (WIPP)

STUDENT INFORMATION:

Surname: _____ First Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone Number: _____ HWDSB E-mail _____

OEN Number: _____ Birth Date: _____

Total Credits (to date): _____ SIN (Yes/No): _____

Does the student have an IEP: Yes No SIP: Yes No

I am applying for: Semester One Semester Two Either semester

Home School: _____

Guidance Counselor's Signature

CONSENT

In accordance with section 29(2) of the Municipal Freedom of Information and Protection of Individual Privacy Act, please be advised that the personal information obtained in this form is collected under the authority of the Education Act as amended. Questions regarding the collection of this information may be directed to the Director of Education: 20 Education Court, Hamilton, Ont. L8N 3L1 at 905-527-5092. All information will be kept confidential.

"I have read and understand all of the above conditions and hereby agree to provide the requested information. In addition, I consent to have my image/photograph kept on file, and used for promotional and/or informational brochures, posters, newsletters, newspaper articles, web pages, videos and advertisements for the HWDSB."

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

APPLICATION PACKAGE **MUST** INCLUDE:

- Student Information Page
- Student Status Sheet
- Current Resume
- Cover letter explaining why they would be a good fit for WIPP
- School Reference (references will be contacted)
- IEP/SIP if indicated

APPLICATION DEADLINE: Semester 1 May 1st Semester 2 Dec 1st

Late applications may be considered if space permits.
Guidance Counselors please send the entire completed application package (scanned as a single file) to:

wipp@hwdsb.on.ca

**STUDENTS WILL BE CONTACTED BY HWDSB EMAIL ONLY,
SO IT IS IMPORTANT FOR STUDENTS TO CHECK THEIR
ACCOUNTS REGULARLY**

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SCHOOL REFERENCE

Name of Student: _____ School: _____

Name of staff member recommending this student: _____

Course(s) I have taught/involvement I have had with this student: _____

The students accepted into this program will be representing your school, the HWDSB, and themselves in a setting outside of a regular school. Students accepted into the program must have exhibited the maturity and work habits that will enable them to be successful in this program.

Please check off and/or comment on the following items:

N = Needs Improvement **S** = Satisfactory **G** = Good **E** = Excellent

	N	S	G	E	COMMENTS (or more detailed information)
Attendance					
Punctuality					
Works Independently					
Teamwork					
Organization					
Work Habits					
Initiative					

Why do you believe that the student would benefit from the WIPP program? What do you believe will be the student's biggest challenge?

Additional Comments:

Referring Staff's Signature: _____ Date: _____